

**Apple Hill Center for Chamber Music Emergency Contact/Release Form 2022**

**PARTICIPANT (Please print)**

Name: \_\_\_\_\_ Session(s): I II III  
Last First M.I. (CIRCLE)

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of Parent or Guardian(s): \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT (Please print)**

In case of emergency notify: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Relation: \_\_\_\_\_ Email: \_\_\_\_\_

**INSURANCE INFORMATION (Please print)**

**I currently do NOT have medical insurance.**

**I currently have medical insurance:**

Medical Insurance Company Name: \_\_\_\_\_

Address of Company: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Principal (family member) Insured: \_\_\_\_\_

Family Doctor: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Family Doctor Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Participant Name** (please print): \_\_\_\_\_

I authorize emergency and non-emergency medical care to be provided in the event of a health problem or injury occurring during my (my child's) stay at Apple Hill Center for Chamber Music.

**OR**

I do **not** authorize emergency and non-emergency medical care to be provided in the event of a health problem or injury occurring during my (my child's) stay at Apple Hill Center for Chamber Music.

I permit my child to be administered over-the-counter medication by an Apple Hill staff member if needed and requested by my child (exceptions listed below).

**OR**

I do **not** permit my child to be administered any over-the-counter medication by an Apple Hill staff member.

**OR**

N/A. I am over 18 and will self-administer as needed.

I give Apple Hill permission to use photos of me/my child, taken during my/my child's session(s), in any online or print Apple Hill publications.

**OR**

I do **not** give Apple Hill permission to use photos of me/my child, taken during my/my child's session(s), in any online or print Apple Hill publications.

I have read, understood, and agree to abide by the policies of the Apple Hill Summer Chamber Music Workshop as presented in the Handbook.

(See <http://applehill.org/ah/wp-content/uploads/2018/10/Apple-Hill-Summer-Chamber-Music-Workshop-Policies.pdf>)

I acknowledge the contagious nature of the SARS-CoV-2/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing and other mitigation measures.

I further acknowledge that Apple Hill has put in place preventive measures to reduce the spread of SARS-CoV-2/COVID-19.

I further acknowledge that Apple Hill cannot guarantee that I will not become infected with SARS-CoV-2/Covid-19. I understand that the risk of becoming exposed to and/or infected by SARS-CoV-2/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Apple Hill staff, and other participants.

I voluntarily seek to attend Apple Hill in person and acknowledge that I may increase my risk to exposure to SARS-CoV-2/COVID-19. I acknowledge that I must comply with all set procedures related to risks while attending and will be fully vaccinated, including boosters, two weeks before the session.

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(All participants please sign.)

**Parent or guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(If participant is under 18)